

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 390 40 8

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		3				
5		3				
6		2				
7		1				
8		1				
9		1				
10		1				
11						
12	1		1			
13						
14						
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22						
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24	1		1			
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36						
37	1					
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39						
40		3				
41		3				
42		3				
43		3				
44		3				
45		3				
46		3				
47	1					
48	1					
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
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TOTAL DEP.						
TOTAL CLAIMS						